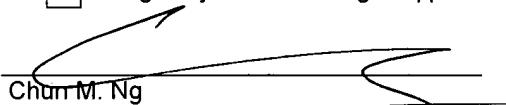
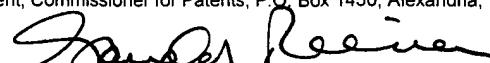


| <b>AMENDMENT TRANSMITTAL LETTER</b>   |   |   |                                   | Docket No.<br>248588010US1 |        |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
|---|---|---|-----------------------------------|----------------------------|--------|--|---|---|-----------------------------------|------|--|---------------------|---|--------|---|---|------|-------------------------------|---|-------|---|---|------|---|--|--|--|--|--|--|--|--|--|--|--------|---|--|--|--|--|--------|
| Application No.<br>09/732,543-Conf. #4175   |   | Filing Date<br>December 7, 2000         |                                   | Examiner<br>N. M. Wright   |        |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| Applicant(s): Yeejang J. Lin  |   |   |                                   |                            |        |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| Invention: TUNNEL DESIGNATION SYSTEM FOR VIRTUAL PRIVATE NETWORKS   |   |   |                                   |                            |        |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| <b>TO THE COMMISSIONER FOR PATENTS</b>  |   |   |                                   |                            |        |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| Transmitted herewith is an amendment in the above-identified application.   |   |   |                                   |                            |        |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| The fee has been calculated and is transmitted as shown below.  |   |   |                                   |                            |        |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| <b>CLAIMS AS AMENDED</b>  |   |   |                                   |                            |        |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;"></th> <th style="text-align: center; padding: 2px;">Claims<br/>Remaining<br/>After<br/>Amendment</th> <th style="text-align: center; padding: 2px;">Highest<br/>Number<br/>Previously<br/>Paid</th> <th style="text-align: center; padding: 2px;">Number<br/>Extra Claims<br/>Present</th> <th style="text-align: center; padding: 2px;">Rate</th> <th style="text-align: center; padding: 2px;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><b>Total Claims</b></td> <td style="text-align: center; padding: 2px;">5</td> <td style="text-align: center; padding: 2px;">- 20 =</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;">x</td> <td style="text-align: center; padding: 2px;">0.00</td> </tr> <tr> <td style="padding: 2px;"><b>Independent<br/>Claims</b></td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">- 3 =</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;">x</td> <td style="text-align: center; padding: 2px;">0.00</td> </tr> <tr> <td colspan="6" style="padding: 2px;"><b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/></td> </tr> <tr> <td colspan="5" style="padding: 2px;">Other fee (please specify): Extension for response within second month</td> <td style="text-align: center; padding: 2px;">225.00</td> </tr> <tr> <td colspan="5" style="padding: 2px;"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center; padding: 2px;">225.00</td> </tr> </tbody> </table> |   |   |                                   |                            |        |  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate |  | <b>Total Claims</b> | 5 | - 20 = | 0 | x | 0.00 | <b>Independent<br/>Claims</b> | 2 | - 3 = | 0 | x | 0.00 | <b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/> |  |  |  |  |  | Other fee (please specify): Extension for response within second month |  |  |  |  | 225.00 | <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> |  |  |  |  | 225.00 |
|   | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                       |        |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| <b>Total Claims</b>   | 5   | - 20 =                                  | 0                                 | x                          | 0.00   |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| <b>Independent<br/>Claims</b>   | 2   | - 3 =                                   | 0                                 | x                          | 0.00   |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| <b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>   |   |   |                                   |                            |        |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| Other fee (please specify): Extension for response within second month  |   |   |                                   |                            | 225.00 |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>   |   |   |                                   |                            | 225.00 |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| <p><input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity</p> <p><input type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 225.00 to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-0665 as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p>   |   |   |                                   |                            |        |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
|  <span style="font-family: cursive; font-size: 1.2em;">Dated: <u>March 15</u>, 2005</span>   |   |   |                                   |                            |        |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |
| <p>Chun M. Ng<br/>Attorney Reg. No.: 36,878</p> <p>PERKINS COIE LLP<br/>P.O. Box 1247<br/>Seattle, Washington 98111-1247<br/>(206) 359-8000</p>   |   |   |                                   |                            |        |  |   |   |                                   |      |  |                     |   |        |   |   |      |                               |   |       |   |   |      |   |  |  |  |  |  |  |  |  |  |  |        |   |  |  |  |  |        |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV551886092US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 15, 2005      Signature: 

(Sandy Reisman)